附件4

**云南省教育系统先进集体推荐汇总表**

推荐单位（盖章）：  填表日期： 年 月 日

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **序号** | **先进集体名称** | **集体性质** | **集体级别** | **集体人数** | **集体负责人姓名** | **集体负责人单位及职务** | **集体所属单位名称** | **备注** |
| 1 |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |  |  |

填表人： 负责人： 联系电话：